



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:110
3-JTS-1E-01-07; 5I-12
3-JCRF-1E-01-07
1-JDTP-1E-01-07
1-JBC-1E-01-03, 05, 07-09;
5I-11, 12
2-CO-1E-01, 03, 04, 06, 09;
1F-06
4-JCF-3A-21; 6F-01, 03

CHAPTER: Administration

AUTHORITY: KRS 15A.0652

SUBJECT: Individual Client Records

POLICY NUMBER: DJJ 328

TOTAL PAGES: 6

EFFECTIVE DATE: 1/04/2016

APPROVAL: Bob D. Hayter

, COMMISSIONER

I. POLICY

The Department of Juvenile Justice (DJJ) staff shall maintain appropriate, accurate documentation within an individual client record (ICR) established for each youth. ICR management shall include the establishment, use and content of youth records, right to privacy, secure placement of records, and a schedule for retiring and destroying inactive records.

II. APPLICATION

This policy shall apply to each DJJ operated day treatment program, group home, and youth development center (YDC)

Limited Applicability:

DJJ operated day treatment programs shall maintain an ICR for youth who are committed and not placed in a group home. DJJ operated day treatment programs shall input information into the electronic record for youth who are placed in a group home and the ICR shall be maintained at the group home.

III. DEFINITION

Refer to Chapter 300.

IV. PROCEDURES

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- A. All juvenile records shall be clearly marked “Confidential”.
- B. Every effort shall be made to ensure that information entered in the electronic file is not duplicated in the hard case file.
- C. An ICR shall be maintained for each juvenile according to the following outline. Information in each section shall be filed in chronological order, except where otherwise noted. Any information that clearly does not fit in one of the following categories shall be filed under miscellaneous.

1. Section One – Intake and Parole

- a. Photograph (on top).
- b. Initial intake information.
- c. Program rules and policy signed by the youth.
- d. Approved visitor and contact list.
- e. All release forms.
- f. Any identifying documentation.
- g. All pre-dispositional reports.
- h. Emergency medical information.
(All other medical information shall be in the Medical Record only.)
- i. If the youth is a youthful offender (YO), a subsection entitled “Parole” shall be created to include:
 - i. The Pre-Sentence Investigation (always on bottom); and
 - ii. All other parole related documents, to include correspondence making a parole recommendation.

2. Section Two – Classification and Education

- a. Special notices.
- b. Classification data and documentation.
- c. Administrative Transfer Request (ATR) information, if applicable.
- d. Referral to other agencies.
- e. A subsection entitled “Education” shall be created to include:
 - i. Copy of the Individual Plan of Instruction (IPI); and
 - ii. Education grades, credits, progress reports, notations.

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- f. Copies of mental health assessments, if approved by the mental health professional doing the assessment.
- 3. Section Three – Individual Treatment Plan (ITP)
 - a. Orientation Treatment Plan.
 - b. ITP.
 - c. Treatment work verification and substance abuse tracking, if applicable.
- 4. Section Four – Program Progress
 - a. Treatment team signature sheets.
 - b. Progress notes.
 - c. In a day treatment program, weekly progress documentation.
 - d. Furlough and day release information.
- 5. Section Five – Disciplinary and Miscellaneous
 - a. Incident reports.
 - b. Isolation or other reports of a disciplinary nature.
 - c. A subsection entitled “Miscellaneous” shall be created to include:
 - i. Correspondence that does not include parole or ATR’s; and
 - ii. Any other document that does not fit in one of the above sections; for example, visitor and mail logs or the inventory of personal belongings.
 - d. Completed resident grievance form.
 - e. Treatment Track Success Sheets.
- 6. Section Six - Legal
 - a. Resident record card for YO’s (always on top).
 - b. Judgment or commitment orders.
 - c. All other court documents.
 - i. Correspondence that does not regard parole or ATR’s; and
 - ii. Any other document that does not fit in one of the above sections.
- D. All youth records shall be kept in locked file cabinets which are marked “Confidential”. When staff remove youth records from the file room it shall be documented on the sign-in and sign-out sheet.

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- E. When youth records are in staff offices, they shall be either under the direct control of the assigned staff or placed out of sight of youth or public who may be in the office.
- F. ICR's shall be secured under lock at the end of each working day.
- G. Staff shall not take ICR's off the premises, except when subpoenaed or required in court cases and parole board hearings.
- H. Documentation in hard case files shall be written in blue or black ink, typewritten, or computer processed and shall be dated and signed.
- I. If errors are made in the hard case file, a line shall be drawn through the incorrect information and the staff making the change shall put their initials beside the change. No whiteout, reprinting of documents, or other means shall be used to fully obscure the error.
- J. Delayed entries shall be clearly marked as such.
- K. Electronic Running Record
 - 1. Individual, family, and group counseling sessions shall be documented in the electronic running record.
 - 2. Contact with the family or others shall be documented in the electronic running record as deemed necessary by the Treatment Director or Superintendent.
 - 3. The format and content of the electronic running record shall be determined by the Chief of Mental Health Services.
 - 4. The printing or release of the electronic running record shall be consistent with DJJ policy.
 - 5. Each entry, into the electronic running record, shall be completed within seven (7) days of the contact.
 - 6. Entries shall be in chronological order by date of service.
 - 7. Entries shall include:
 - a. Name of the recorder, title, and facility or program; and
 - b. Factual information and a professional assessment. The personal opinion or feelings of the youth counselor or treatment staff involved in the treatment or supervision of the youth shall not be documented in the electronic record.
- L. If another youth must be identified in a youth's ICR for any reason, that youth shall be identified by initials or DJJ number only.
- M. Access to all records shall be limited to those who have a right or a need to know specific information.

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1. The youth shall sign a release of information consent documentation prior to the release of information to collateral agencies.
 2. When statutorily required, judicial, law enforcement, correctional, and social service authorities involved with the case shall be supplied information without consent forms being required.
- N. Others who want access to records, including the youth or their families, shall make a written request.
- O. The updated ICR for any youth in a YDC or group home, that is transferred from one facility to another, shall be transferred simultaneously. Hard case files shall be maintained at the facility and disposed of according to the current Record and Disposal Schedule.
- P. Hard case files shall be sent to Archives via the Central Office Records Administrator.
- Q. If a youth returns to a DJJ facility, the ICR shall be re-activated and forwarded to the receiving facility.

V. MONITORING MECHANISM

A. In a YDC:

1. The Treatment Director or Counselor Supervisor shall review a sampling of ICR's for compliance with documentation standards, including electronic records. This shall be done monthly, one (1) case per supervisee. In addition, one (1) juvenile sex offender file, per supervisee, shall be monitored monthly, if applicable.
2. The Treatment Director or designee shall provide a written report of observations and findings with a corrective action plan and timetable for implementation, if appropriate, to the Facilities Regional Administrator (FRA), Regional Psychologist, Chief of Mental Health Services, and the Superintendent within one (1) week of the review.
3. The Superintendent or designee shall see that the corrective action plan is followed. A full report documenting completion of the corrective action plan shall be sent to the Regional Director, FRA, and Regional Psychologist within thirty (30) days of the plan's development.
4. The Quality Assurance (QA) Branch shall review related accreditation standard documentation during regularly scheduled monitoring.

B. In a group home and day treatment:

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1. The Superintendent or designee shall review a sampling of ICR's for compliance with documentation standards. This shall be done monthly, one (1) case per supervisee. In addition, one (1) juvenile sex offender file, per supervisee, shall be monitored monthly.
2. The Superintendent shall provide a written report of observations, corrective action plan, and findings to the Regional Director, the FRA, and Regional Psychologist.
3. The Superintendent shall see that the corrective action plan is followed. A full report documenting completion of the corrective action plan shall be sent to the Regional Director and the FRA within thirty (30) days of the plan's development.
4. The QA Branch shall review related accreditation standard documentation during regularly scheduled monitoring.